Cohere Medicare Advantage Policy - Magnetic Resonance Imaging (MRI), Lower Extremity

Clinical Policy for Medical Necessity Review

Version: 2
Cohere Health UMC Approval Date: October 2, 2025
Last Annual Review: October 2, 2025
Revision: Not Applicable
Next Annual Review: October 2, 2026

Important Notices

Notices & Disclaimers:

GUIDELINES ARE SOLELY FOR COHERE'S USE IN PERFORMING MEDICAL NECESSITY REVIEWS AND ARE NOT INTENDED TO INFORM OR ALTER CLINICAL DECISION-MAKING OF END USERS.

Cohere Health, Inc. ("**Cohere**") has published these clinical guidelines to determine the medical necessity of services (the "**Guidelines**") for informational purposes only, and solely for use by Cohere's authorized "**End Users**". These Guidelines (and any attachments or linked third-party content) are not intended to be a substitute for medical advice, diagnosis, or treatment directed by an appropriately licensed healthcare professional. These Guidelines are not in any way intended to support clinical decision-making of any kind; their sole purpose and intended use is to summarize certain criteria Cohere may use when reviewing the medical necessity of any service requests submitted to Cohere by End Users. Always seek the advice of a qualified healthcare professional regarding any medical questions, treatment decisions, or other clinical guidance. The Guidelines, including any attachments or linked content, are subject to change at any time without notice. This policy may be superseded by existing and applicable Centers for Medicare & Medicaid Services (CMS) statutes.

Other Notices:

Policy Information:

Specialty Area: Diagnostic Imaging
Policy Name: Cohere Medicare Advantage Policy - Magnetic Resonance Imaging (MRI), Lower Extremity
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Magnetic Resonance Imaging (MRI), Lower Extremity

Related CMS Documents

Please refer to CMS Medicare Coverage Database for the most current applicable CMS National Coverage.[1-3]

- National Coverage Determination (NCD). Magnetic resonance imaging (MRI)(220.2)
- Local Coverage Determination (LCD). Multiple imaging in oncology (L35391)
    - Billing and Coding. Multiple imaging in oncology (A56848)

Description

Magnetic resonance imaging (MRI) is an advanced imaging modality used when further anatomic detail is required for diagnosis or treatment. It is segmented into joint and non-joint examinations and may be performed without or with contrast (IV or intra-articular). Metal hardware can limit certain exams and is generally inappropriate for imaging by 3 Tesla scanners. Alternate modalities may sometimes be more clinically appropriate based on clinician and supervising radiologist discussion.[4]

Medical Necessity Criteria

Indications

Magnetic resonance imaging (MRI), lower extremity is considered appropriate if **ALL** of the following is **TRUE**:

- Plain radiographs or ultrasound of the area of concern are non-diagnostic or inconclusive, and have been completed during the current episode of symptoms and/or change in symptoms; **AND**
- **ANY** of the following:
  - Fracture with **ANY** of the following[5-8]:
    - Suspected fracture after indeterminate or normal radiographs[6]; **OR**
    - Suspected stress/insufficiency fracture with negative radiographs[6]; **OR**
    - Known stress/insufficiency fracture with new or worsening symptoms and radiographs are inconclusive; **OR**
    - Suspected pathologic fracture on imaging; **OR**
    - Known fracture on radiographs with concern for internal derangement; **OR**
    - Known osteochondral lesion[9,10]; **OR**
  - For purposes of preoperative evaluation and surgical planning when requested by an orthopedic surgeon, and conventional imaging is inconclusive (e.g., complex fracture/dislocations, delayed union, or non-union of fractures, osteotomy, or joint fusions, complete tendon ruptures, bone lesions, soft tissue tumors, joint replacement); **OR**
  - Postoperative evaluation for **ANY** of the following[11]:
    - Joint prosthesis loosening or complication (i.e., pseudotumor) after initial radiograph; **OR**
    - Postoperative complications (e.g., hardware failure/migration, tendon re-rupture, failure to heal after initial non-diagnostic radiograph); **OR**
  - Dislocation or syndesmotic injury and **ANY** of the following[12,13]:
    - Dislocation and concern for internal derangement or occult fracture; **OR**
    - History and/or exam consistent with patellofemoral dislocation; **OR**
    - Syndesmotic (ankle) injury on radiographs; **OR**
  - Neoplastic conditions for **ANY** of the following[2]:
    - Initial staging; **OR**

        - Treatment planning; **OR**
        - Response assessment; **OR**
        - Surveillance, and **ANY** of the following is **TRUE**[14-16]:
            - The patient is assumed to have either no known disease or disease that is stable or clinically insignificant (every 6-12 months for an overall duration [e.g., 5 years]); **OR**
            - Suspected recurrence/progression; **OR**
            - Evaluation of response to treatment when a change in therapy is contemplated (no more often than after 2 cycles of chemotherapy and/or 6-8 weeks since the prior imaging evaluation); **OR**
    - Infectious disorder is suspected (e.g., osteomyelitis, soft tissue abscess, septic arthritis) and **ANY** of the following:
        - Abnormal radiograph or ultrasound[17]; **OR**
        - Radiographs and/or ultrasound are normal or inconclusive with **ANY** of the following[18,19]:
            - Initial laboratory testing (CBC, ESR, C-reactive protein) suggests infection; **OR**
            - **ANY** of the following positive physical exam findings concerning for infection:
                - Hot and swollen joint; **OR**
                - Decreased range of motion due to pain; **OR**
                - Fever; **OR**
                - History of puncture wound with possible retained foreign body; **OR**
                - High clinical suspicion of necrotizing fasciitis; **OR**
    - Vascular or lymphatic malformation (with or without pain) with **ANY** of the following findings of suspected physical deformity[21]:
        - Diffuse or focal enlargement; **OR**
        - Discoloration; **OR**
        - Soft-tissue mass; **OR**
        - Ulceration; **OR**
    - Concern for rupture or tear of a tendon, ligament (including syndesmotic injury), or other soft tissue injury (including labrum tear) based on **ANY** of the following:
        - Symptoms were the direct result of a preceding acute injury, and surgery is being considered; **OR**

- Joint-specific orthopedic evaluation and maneuvers suggest a tear; **OR**
- Symptoms were not the direct result of a preceding acute injury (i.e., new symptoms that are not the result of a traumatic injury), surgery is being considered, and **ANY** of the following:
  - Documented failure of at least 6 weeks of conservative treatment within the past 6 months, including **ALL** of the following:
    - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **AND**
    - Physical therapy or a provider-directed home exercise program (HEP)[A]; **OR**
  - Worsening of symptoms during the trial of conservative treatment; **OR**

- For chronic degenerative conditions with **ANY** of the following:
  - Rheumatoid arthritis (RA) for **ANY** of the following[22]:
    - To evaluate treatment response; **OR**
    - To monitor advanced RA when radiography is inconclusive; **OR**
  - Osteochondritis dissecans (OCD) for **ANY** of the following[23]:
    - Preoperative planning; **OR**
    - To define the extent of damage; **OR**
  - Osteonecrosis avascular necrosis, known or suspected, with **ANY** of the following[21]:
    - Negative radiographs; **OR**
    - Abnormal imaging (radiograph/CT) needing further characterization; **OR**
    - Symptomatic with normal initial radiograph and considered high-risk (e.g., glucocorticosteroid use, renal transplant recipient, glycogen storage disease, alcohol abuse, sickle cell anemia); **OR**
    - Evaluation of contralateral joint following initial radiograph; **OR**
- For evaluation of **ANY** of the following uncategorized/miscellaneous symptoms:
  - Marrow abnormalities[4,24]; **OR**
  - Joint-specific orthopedic evaluation and maneuvers suggest a tear; **OR**
  - **ALL** of the following:
    - Persistent joint/muscle pain or weakness, unresponsive to conservative treatment; **AND**

- **ANY** of the following:
  - Documented failure of at least 6 weeks of conservative treatment within the past 6 months, including **ALL** of the following:
    - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **AND**
    - **ANY** of the following:
      - Physical therapy or a provider-directed home exercise program (HEP)[A]; **OR**
      - Worsening of symptoms during the trial of conservative treatment; **OR**
  - Inability to complete conservative treatment for 6 weeks due to worsening symptoms; **OR**
- Neurological symptoms or deficits with **ANY** of the following[1,25]:
  - Peripheral nerve sheath tumor suspected with **ANY** of the following:
    - Enlarging mass; **OR**
    - New or worsening localized pain; **OR**
    - Recurrence after prior resection; **OR**
  - Localized EMG abnormality; **OR**
  - Persistent symptoms or suspected nerve entrapment as confirmed by abnormal EMG; **OR**
  - Trauma or injury with suspected nerve injury or laceration; **OR**
- Initial diagnosis or follow-up of autoimmune, collagen vascular diseases, or inflammatory conditions (e.g., inflammatory arthritis)[19]; **OR**
- Synovial-related disorders (e.g., synovitis, bursitis, metaplasia, and neoplasia) for **ANY** of the following[1,26]:
  - When diagnosis is uncertain with concern for malignancy or infection; **OR**
  - Symptoms are severe and persistent; **OR**

- Repeat imaging (defined as a repeat request following recent imaging of the same anatomic region with the same or similar modality) will be considered reasonable and necessary if **ALL** of the following are **TRUE**:
  - There are no established guidelines; **AND**
  - **ANY** of the following:
    - There are new or worsening symptoms not addressed in the

guidelines, such that repeat imaging would influence treatment; **OR**
- There is need for a one-time clarifying follow-up of a prior indeterminate finding; **OR**
- In the absence of change in symptoms, there is an established need for monitoring which would influence management.

Non-Indications

Magnetic resonance imaging (MRI), lower extremity is not considered appropriate if **ANY** of the following is **TRUE**:
- A diagnosis of osteoid osteoma; **OR**
- Imaging of cortical bone and calcifications[1]; **OR**
- Procedures involving spatial resolution of bone and calcifications[1]; **OR**
- The patient has undergone advanced imaging of the same body part within 3 months without undergoing treatment or developing new or worsening symptoms.[27]

*NOTE: MRI in patients with claustrophobia should be requested at the discretion of the ordering provider.
**NOTE: MRI in pregnant patients should be requested at the discretion of the ordering provider and obstetric care provider.

Definitions

[A]**Provider-directed home exercise programs (HEP)** should include[28]:
- Patient education of prescribed exercises with written instructions,
- Documentation of patient compliance with the HEP.

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
73718	Magnetic resonance imaging (MRI) (e.g., proton), lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance imaging (MRI) (e.g., proton),of lower extremity (other than joint); with contrast material(s)
73720	Magnetic resonance imaging (MRI) (e.g., proton), lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance imaging (MRI) (e.g., proton), any joint of lower extremity; without contrast material
73722	Magnetic resonance imaging (MRI) (e.g., proton), any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance imaging (MRI) (e.g., proton), any joint of lower extremity; without contrast material(s) followed by contrast material(s) and further sequences

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

Evaluation of Clinical Harms and Benefits

Clinical determinations for Medicare Advantage beneficiaries are made in accordance with 42 CFR 422.101 guidance outlining CMS's required approach to decision hierarchy in the setting of NCDs/LCDs identified as being "not fully established". When clinical coverage criteria are "not fully established" Medicare Advantage organizations are instructed to create publicly accessible clinical coverage criteria based on widely-accepted clinical guidelines and/or scientific studies backed by a robust clinical evidence base. Clinical coverage criteria provided by Cohere Health in this manner include coverage rationale and risk/benefit analysis.

The potential clinical harms of using these criteria for MRI Lower Extremity may include:

- There is a risk of malfunction of implanted medical devices (e.g., implanted pacemakers, cochlear implants).
- A potential exists for allergic reactions to contrast material, if used in the study. The MRI department staff will monitor the patient for an allergic reaction and treat as recommended by a physician.[4,29]
- Use of gadolinium-based contrast is not recommended during pregnancy or in patients with acute or chronic kidney injury or disease.[2,29]
- If sedation is used for the study (for anxiety or claustrophobia), there is a risk of over-sedation. The patient will be monitored during the procedure to reduce this risk.
- There is uncertain risk for MR imaging in pregnant patients. The decision to image in a pregnant patient should be made on an individual basis in consultation with the patient's obstetric provider.[30]
- There is a risk of increased healthcare costs and complications from the inappropriate use of additional interventions.[31]

The clinical benefits of using these criteria for MRI Lower Extremity include:

- Analyzing soft tissue: MRI is the "gold standard" for imaging of lower extremity soft tissue and detection of abnormal tissue.[32]
- Ability to quantify changes: MRI can detect changes in the

musculoskeletal system following a spinal cord injury.[32]

- Diagnosis of low back pain: MRI aids in the diagnosis of radiculopathy that does not respond to conservative management, neurogenic claudication, myelopathy, or when “red flag” symptoms are present.[33]
- Enhanced overall patient satisfaction and healthcare experience.

Medical Evidence

Drake et al. (2022) conducted a systematic review and meta-analysis of observational studies comparing medical imaging (specifically magnetic resonance imaging [MRI]) of adults with plantar heel pain. A total of 42 studies were included. Patients with PHP had higher rates of thickened plantar fascia (greater than 4 mm) as well as abnormal plantar fascia tissue, a thicker loaded plantar heel fat pad on ultrasound, and a plantar calcaneal spur on plain film x-ray. Continued research is needed on high-quality imaging to increase the accuracy of MRI.[34]

Lansdown and Ma (2020) reviewed the clinical utility of advanced imaging of the knee. MRI excels in sensitivity and specificity for diagnosing injuries such as ligament, meniscus, and full-thickness cartilage defects in the knee. High-resolution qualitative assessment ensures accurate detection and characterization of these conditions. Utilizing compositional MRI sequences enables an assessment of the biochemical characteristics of cartilage, meniscus, and ligaments, providing additional insights into pathology beyond traditional imaging. Progress in image processing, shape modeling, and dynamic studies is an innovative approach to assess conditions of the lower extremities and to track post-treatment outcomes.[35]

Warner et al. (2019) conducted a study to compare the diagnostic efficacy of injury (non-stress) and stress radiographs vs MRI to identify deep deltoid ligament ruptures among patients with operative supination-external rotation (SER) ankle fractures. The medial clear space (MCS) was considered to be positive if measurements exceeded 5 mm on either injury or stress mortise radiographs. Compared to intra-operative visualization, MCS measurements and MRI exhibited differential diagnostic capabilities for identifying deep deltoid ruptures. When MCS measured less than 5 mm on injury radiographs with subsequent stress testing, MCS assessments proved less accurate than MRI in predicting deltoid ruptures (46% vs 79%, respectively), with a notably high false positive rate (80%). An MCS exceeding 5 mm on injury radiographs strongly correlated with deep deltoid rupture diagnosis (accuracy of 95%). In contrast, to direct intra-operative visualization of the deltoid ligament, these findings advocate for surgical intervention when MCS measures greater than

5 mm on injury radiographs without necessitating additional stress tests or advanced imaging. However, MRI analysis is recommended when MCS measures less than 5 mm because of its heightened accuracy and reduced false positive rates. Enhanced diagnostic capabilities promise more effective management of patients with SER ankle fractures.[7]

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Policy Revision History/Information

Original Date: October 3, 2024		
Review History		
Version 2	10/02/2025	Annual review. Removed indication that ultrasound and CT/CTA are contraindicated or inconclusive. Updated the indication for plain radiographs to include ultrasound when the area of concern is non-diagnostic or inconclusive "and has been completed during the current episode of symptoms and/or change in symptoms." Clarified the indication for fracture to include fracture: after "indeterminate or normal radiographs"; suspected stress/insufficiency fracture with negative radiographs; known stress/insufficiency fracture with new or worsening symptoms, and radiographs are inconclusive; and suspected pathologic fracture on imaging. Removed indications for joint dislocation or instability, stress/insufficiency fracture (known) and follow-up imaging needed, and stress/insufficiency fracture (suspected) with negative radiographs. Added indications for preoperative imaging and imaging for post-operative evaluation.

		Added indication for dislocation, including sub-indications for recurrent and first-time dislocation. Included an indication for concern for internal derangement or occult fracture. Updated indications for neoplastic conditions Updated the indication for infectious disorder - merged sub-bullets into main bullet (“e.g., osteomyelitis, soft tissue abscess, or septic arthritis”) and added imaging requirements. Updated the indication for vascular conditions to include imaging requirement and updated the criteria for rupture or tear of tendon, ligament, or other soft tissue injury. Added indications for degenerative conditions and updated the evaluation requirements to include conservative management. Added indications for synovial-related conditions. Clarified the indication for repeat imaging to improve usability and organization. Removed relative contraindications (contrast allergy, metallic clips, incompatible implantable devices, metallic foreign body).